

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 11.1**

**DATE: June 13, 2008**

**ACTION REQUESTED:** Information Only: Doctorate Nursing Practice:  
Certification Examination

**REQUESTED BY:** Susanne J. Phillips, MSN, RN, NP, Chair  
Nursing Practice Committee

**BACKGROUND:**

The National Council of State Board of Nursing, APRN list serve notified boards of nursing about a newly-created American Board of Comprehensive Care. In order to distinguish DNP graduate who have achieved a high level of competence in comprehensive care from other APRNs, the Council for the Advancement of Comprehensive Care (CACC) and the National Board of Medical Examiners (NBME) have agreed to offer a certification examination that will validate the advanced clinical competency of a DNP program. CACC, founded in 2000, has established the American Board of Advanced Practice Nurses with national certification in an advanced nursing specialty, and a Doctor of Nursing Practice degree are eligible to sit for the examination. The exam is derived from the test pool of the USMLE Step 3 exam for MD licensure candidates. Successful DNP candidates will be designated as Diplomats in Comprehensive Care by the American Board of Comprehensive Care.

Nancy Chornick PhD. RN  
Director of Practice and Credentialing, NCSBN

The American Board of Comprehensive Care (see attachment) statement is that the Council for the Advancement of Comprehensive Care and the National Board of Medical Examiners reached an agreement to develop and administer a Certification Examination for Doctors of Nursing Practice (DNP). This competency-based examination will be administered to DNP graduates for the first time in November 2008, will assess the knowledge and skills necessary to support advanced clinical practice. It will be comparable in content, similar in format and will measure the same set of competencies and apply similar performance standards as Step 3 of the United States Medical Licensing Examination (USMLE) which is administered to physician as one component of qualifying for licensure. (<http://www.abcc.dnpcert.org/pressrelease.shtml>) Additional DNP information is available at the following Websites:

[http://www.nursingadvocacy.org/news/2004oct/11\\_wsj.html](http://www.nursingadvocacy.org/news/2004oct/11_wsj.html)

<http://www.medscape.com/viewarticle/501769>

<http://aacn.nche.edu/DNP/talkingpoints.htm>

**NEXT STEP:** Place on Board Agenda

**FISCAL IMPLICATIONS,  
IF ANY:** None

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, RN  
Nursing Education Consultant  
(916) 574-7686

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**AGENDA ITEM: 11.2**  
**DATE: June 13, 2008**

**ACTION REQUESTED:** Information Only: Reorganization of Nurse Practitioner  
Information on the Website

**REQUESTED BY:** Janette Wackerly, MBA, RN  
Nursing Education Consultant

**BACKGROUND:**

The Committee is to review the Nurse Practitioner website information for formatting. The board receives many calls from nurse practitioners and the general public looking for laws and regulations regarding nurse practitioner scope of practice. The goal is ease of locating the requested information on the website.

**NEXT STEP:** Place on Board Agenda

**FISCAL IMPLICATIONS,  
IF ANY:** None

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, RN  
Nursing Education Consultant  
(916) 574-7686



## DRAFT

### GENERAL INFORMATION: NURSE PRACTITIONER PRACTICE

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#### Scope of Practice

The nurse practitioner (NP) is a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, who has been prepared in a program that conforms to Board standards **as specified in California Code of Regulations, CCR, 1484 Standards of Education.**

#### Primary Health Care

Primary health care is defined as, that which occurs when a consumer makes contact with a health care provider, who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease **CCR 1480 (b).** This means that, in some cases, the NP will be the only health professional to see the patient and, in the process, will employ a combination of nursing and medical functions approved by standardized procedures.

#### Clinically Competent

**Clinically competent means that one possess and exercises the degree of learning, skill, care ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice (CCR 1480 c)**

#### Legal Authority for Practice

The NP does not have an additional scope of practice beyond the usual RN scope and must rely on standardized procedures for authorization to perform overlapping medical functions (CCR Section 1485). Section 2725 of the Nursing Practice Act (NPA) provides authority for nursing functions that are also essential to providing primary health care which do not require standardized procedures. Examples include physical and mental assessment, disease prevention and restorative measures, performance of skin tests and immunization techniques, and withdrawal of blood, as well as authority to initiate emergency procedures.

Nurse practitioners frequently ask if they really need standardized procedures. The answer is that they do when performing overlapping medical functions. Standardized procedures are the legal authority to exceed the usual scope of RN practice. Without standardized procedures the NP is legally very vulnerable, regardless of having been certified as a RN, who has acquired additional skills **as a certified nurse practitioner.**

#### Certification

Registered nurses who have been certified as NPs by the California Board of Registered Nursing may use the title nurse practitioner and place the letters "R.N., N.P." after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner. **(CCR 1481)**

On and after January 1, 2008, an applicant will be required for initial qualification or certification as a nurse practitioner who has never been qualified or certified as a nurse practitioner in California or in any other state to meet specified requirements, including possessing a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing, and to have satisfactorily completed a nurse practitioner program approved by the board. **(Business and Professions Code 2835.5)**

### **Furnishing Drugs and Devices**

BPC Code Section 2836.1 authorizes NPs to obtain and utilize a “furnishing number” to furnish drugs and devices. **Furnishing or ordering drugs and devices by the nurse practitioner is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. Furnishing is carried out according to a standardized procedure and a formulary may be incorporated. All nurse practitioners who are authorized pursuant to Section 2831.1 to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.**

BPC 2836.1 was amended changing furnishing to mean “order” for a controlled substance, and can be considered the same as an “order” initiated by the physician. This law requires the NP who has a furnishing number to obtain a DEA number to “order” controlled substances, Schedule II, III, IV, V. (AB 1545 Correa) **stats 1999** ch 914 and (SB 816 Escutia) **stats 1999** ch 749.

### **Furnishing Controlled Substances:**

The furnishing or ordering of drugs and devices occurs under physician and surgeon supervision. B&P Code Section 2836.1 extends the NP, who is registered with the United States Drug Enforcement Administration, the furnishing authority or “ordering” to include Schedule II through V Controlled Substances under the Uniform Controlled Substance Act (AB 1196 Montanez) **Stats2004 ch 205 § (AB 2560)** There are specified educational requirements that must be met by the furnishing NP who wishes to “order” Schedule II Controlled Substances.

Drugs and/or devices furnished or “ordered” by a NP may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 commencing with Section 11000) of the Health and Safety Code and shall be further limited to those drugs agreed upon by the NP and physician and specified in the standardized procedure.

When Schedule II or III controlled substances, as defined in Section 11055 and 11056 of the Health and Safety Code, are furnished or ordered by a NP, the controlled substance shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. The provision for furnishing Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is to be furnished. A copy of the section for the NP’s standardized procedure relating to controlled substances shall be provided upon request to any licensed pharmacist who dispenses drugs or devices when there is uncertainty about the furnishing transmittal order.

The nurse practitioner with an active furnishing number, who is authorized by standardized procedure or protocols to furnish must **submit to the BRN an approved course that includes Schedule II Controlled Substances content as a part of the NP educational program or a continuing educational course with required content on Schedule II Controlled substance. The proof of a Schedule II course received by the BRN will be noticed on the board’s website, [www.rn.ca.gov](http://www.rn.ca.gov), in the NPF verification section.**

A prescription pad may be used as transmittal order forms as long as they contain the furnisher’s name and furnishing number. Pharmacy law requires the nurse practitioner name on the drug and/or device container label. **The name of the supervising physician is no longer required on the drug/device container label as pharmacy law was amended BPC 1470 (f) (AB 2660 Leno) stats 2004 ch 191.** The nurse practitioner DEA number is required for controlled substances. Therefore, inclusion of this information on the transmittal order form will facilitate dispensing of the drug and/or device by the pharmacist.

### **Dispensing Medication**

Business and Professions Code Section 2725.1 allows registered nurses to dispense (hand to a patient) medication except controlled substances upon the valid order of a physician in primary, community, and free clinic.

Business and Professions Code Section 2725.1 was amended to extend to the furnishing nurse practitioner authority to dispense drugs, including controlled substances, pursuant to standardized procedures or protocols in primary, community, and free clinics. (AB 1545 Correa stats 1999 ch 914)

Effective January 1, 2003, B&P Code Section 2836.1 Furnishing is amended to allow NPs to use their furnishing authority in solo practice per Senate Bill 933 (Figueroa) Chapter 764 signed by Governor Gray Davis on September 20, 2002.

### **Sign for the Request and Receipt of Pharmaceutical Samples and Devices.**

Certified **furnishing** nurse practitioners are authorized to sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their standardized procedures or protocols that have been approved by the physician. (SB 1558 Figueroa stats 2002 ch 263) to take effect immediately. This new law amends B&P Code Section 4061 of the Pharmacy law to allow CNMs, NPs, and PAs to request and sign for complimentary samples of medication and devices.

### **Treating STDs**

Amended into Section 120582 of the Health and Safety Code effective January 1, 2007:

- (a) Notwithstanding any other provision of law, a physician and surgeon who diagnoses a sexually transmitted chlamydia, gonorrhea, or other sexually transmitted infection, as determined by the Department of Health Services, in an individual patient may prescribe, dispense, furnish, or otherwise provide a prescription antibiotic drugs to the patients sexual partner or partners without examination of that patient's partners.
- (b) Notwithstanding any other provision a nurse practitioner practicing pursuant to BPC Section 2836.1; a certified nurse-midwife practicing pursuant to BPC Section 2746.51; and a physician assistant pursuant to BPC 3502.1 may dispense, furnish, or otherwise provide a prescription antibiotic drug to the sexual partner or partners of a patient with a diagnosed sexually transmitted Chlamydia, gonorrhea, or other sexually transmitted infection, as determined by the Department of Health Services without examination of the patient's sexual partners. (AB 2280 Leno stats 2006 ch ) (AB 648 Ortiz stats 2001 ch 835)

### **Workers' Compensation Reports**

Section 3209.10 added to the labor code gives nurse practitioners the ability to cosign Doctor's First Report of Occupational Injury or illness for a worker's compensation claim to receive time off from work for a period not to exceed three (3) calendar days if that authority is included in standardized procedure or protocols. The treating physician is required to sign the report and to make a determination of any temporary disability. (AB 2919 Ridley-Thomas stats 2005 extends the operation of this provision indefinitely-AB 1194 Correa stats 2001 ch 229 effective 2001)

### **Veterans with Disabilities Parking Placards:**

Section 5007, 9105, 22511.55 of the Vehicle Code is amended to include nurse practitioners, nurse midwives and physician assistants as authorized health care professionals that can sign the certificate substantiating the applicant's disability for the placard. (AB 2120 Lui stats 2007 ch 116)

Existing law authorizes the Department of Motor Vehicles to issue placards to persons with disabilities and veteran with disabilities and temporary distinguishing placards to temporary disabled persons, to be used for parking purposes. Prior to issuing the parking placard or temporary placard, the Department of Motor Vehicles requires the submission of a certificate, signed by an authorized health care professional providing a full description substantiating the applicant's disability, unless the disability is readily observable and uncontested. Under existing law, the authorized health care professional that signs the certificate is required to retain information sufficient to substantiate the certificate, and make the information available to certain entities request of the department.

#### **Medical Examination School Bus Drivers**

**Vehicle Code Section 12517.2 (a) is amended relating to schoolbus drivers driver medical examination to Applicants for an original or renewal certificate to drive a schoolbus, school pupil activity bus, youthbus, general public paratransit vehicle, or farm labor vehicle shall submit a report of medical examination of the applicant given not more than two years prior to the date of the application by a physician licensed to practice medicine , a licensed advanced practice nurse qualified to perform a medical examination, or a licensed physician assistant. The report shall be on a form approved by the department, the Federal Highway Administration, or the Federal Aviation Administration.**

**Schoolbus drivers, within the same month or reaching 65 years of age and each 12<sup>th</sup> month thereafter, shall undergo a medical examination, pursuant to Section 12804.9, shall submit a report of the medical examination on a form specified in subsection (a) (AB 139 Bass stats 2007, ch 158)**

#### **Informing patient: Positive and Negative aspects of Blood Transfusions**

Section 1645 of the Health and Safety Code is amended to authorize the nurse practitioner and the nurse-midwife who is authorized to give blood may now provide the patient with information by means of a standardized written summary as developed or revised by the State Department of Public Health about the positive and negative aspects of receiving autologous blood and direct and nondirected homologous blood to volunteers. (SB 102 Migden stat 2007 ch 88)

Existing law requires, whenever there is reasonable possibility, as determined by a physician, that a blood transfusion may be necessary as a result of medical procedures, that the physician, by means of a standardized written summary that is published by the Medical Board and now by the Department of Public Health and distributed upon request, inform the patient of the positive and negative aspects of receiving autologous blood and directed and non directed homologous blood from volunteers.

#### **Medi-Cal Billing: Nurse Practitioner Nationally Certified in a Specialty**

Section 14132. 41 of the Welfare and Institutions Code is amended services provided by a certified nurse practitioner shall be covered under this chapter to the extent authorized by federal law, and subject to utilization controls. The department shall permit a (nationally) certified nurse practitioner to bill Medi-Cal independently for his or her services. If a certified (nationally) nurse practitioner chooses to bill Medi-Cal independently for his or her service, the department shall make payment directly to the certified (nationally) nurse practitioner. For the purposes of this section, "certified" means nationally board certified in a recognized specialty.

#### **Supervision**

Supervision of the NP performing an overlapping medical function is addressed in the standardized procedure and may vary from one procedure to another depending upon the judgment of those developing the standardized procedure. As an example, in one women's clinic the supervision requirement for performing a cervical biopsy was that a physician must be physically present in the facility, immediately available in case of emergency. For all other standardized procedure functions, the supervision requirement was for a clinic physician to be available by phone.

The furnishing or ordering of drugs and devices by nurse practitioners occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time the patient is being examined by the

**nurse practitioner.** For furnishing purposes, the physician may supervise a maximum of no more than four (4) NPs at one time. (BPC 2836.1)

### **Supervision of Medical Assistants**

Nurse Practitioners and Certified Nurse-Midwives may supervise Medical Assistants in “community clinics” or “free clinics” in accord with approved standardized procedures and in accord with those supportive services the Medical Assistant is authorized to perform (Business and Professions Code, Section 2069(a)(1); and Health and Safety Code, Section 1204(a) & (b).

### **Citation and Fine**

NPs, like all registered nurses, are subject to citation and fine for violation of the NPA. Citation and fines are a form of disciplinary action against the RN license and/or certificate. Examples of violations which have resulted in citation and fine are using the title “nurse practitioner” without being certified as a NP by the California BRN and failing to have standardized procedures when performing overlapping medical functions. NPs are encouraged to comply with all sections of the NPA to avoid discipline.

### **References**

B&P Code, Section 2725 RN Scope of Practice, Section 2834 Nurse Practitioner, California Code of Regulation Section 1435 Citations and Fines, Section 1470 Standardized Procedure Guidelines, Section 1480 Standards for Nurse Practitioners.

### **BRN Offices**

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*For more information, please visit the BRN's Web site at [www.rn.ca.gov](http://www.rn.ca.gov)*